



**Additional Information for
FIREWORKS DISCHARGE PERMIT**

Date of Application: _____

Date(s) of Discharge: _____ Time(s) of Discharge: _____

Location of Proposed Discharge: _____

Name of Pyrotechnic Operator: _____ Date of Birth: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Years of Experience: ____ No. of Discharges: ____ Where: _____

List all Assistants:

Name: _____ Age: _____

Address: _____
(Street Number and Name, City, State, and Zip Code)

Name: _____ Age: _____

Address: _____
(Street Number and Name, City, State, and Zip Code)

Local Agent of Record:

Name and Title: _____

Company: _____

Address: _____
(Street Number and Name, City, State, and Zip Code)

Number and kinds of fireworks to be discharged:

Manner and place of storage prior to discharge:

Supplier of fireworks and Country of origin: _____

Financial Responsibility: _____

Bonding Corporation or Insurance Company: _____

Address: _____

(Street Number and Name, City, State, and Zip Code)

Amount of Bond or Insurance: _____

(to be set by municipality)

FIVE YEAR RECORD OF ACCIDENTS

Year	Losses	Claims	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

List the name, title, address, and telephone number of three persons for whom you have performed pyrotechnic discharges in the past five years.

1. Name: _____ Title: _____

Organization: _____ Telephone Number: _____

Address: _____

(Street Number and Name, City, State, and Zip Code)

2. Name: _____ Title: _____

Organization: _____ Telephone Number: _____

Address: _____

(Street Number and Name, City, State, and Zip Code)

3. Name: _____ Title: _____

Organization: _____ Telephone Number: _____

Address: _____

(Street Number and Name, City, State, and Zip Code)